



**STATE OF MONTANA**  
**DEPARTMENT OF FISH, WILDLIFE & PARKS**  
**DESIGN & CONSTRUCTION BUREAU**

600 North Park Avenue • P.O. Box 200701 • Helena, Montana 59620.07013  
Phone: 406.841.4000 • Fax: 406.841.4004

**ARCHITECT/ENGINEER REQUEST FOR PAYMENT**

Project Name: \_\_\_\_\_ FWP #: \_\_\_\_\_  
Location: \_\_\_\_\_

Architect: \_\_\_\_\_ Pay Request #: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

BASIC SERVICES	CONTRACT AMOUNT	PERCENTAGE COMPLETED	AMOUNT EARNED
1. Schematic Design Phase			
2. Design Development Phase			
3. Construction Documents Phase			
4. Bidding Phase			
5. Construction Phase			
<b>ADDITIONAL SERVICES</b>			
1. Record Mylar Drawings		Additional Services are to be billed at 100% and not before completion.	
2. Geotechnical Investigation/Report			
3. Site Survey			
4. Warranty Inspection			
5. Other:			
<b>Fee Earned (Basic + Additional Services):</b>			<b>\$0.00</b>
<b>Less Retainage (Verify percentage in contract):</b>			
<b>Subtotal:</b>			<b>\$0.00</b>
<b>SUPPLEMENTAL SERVICES</b>			
		Supplemental Services are to be billed at 100% and not before completion.	
<b>TOTAL FEE EARNED TO DATE:</b>			<b>\$0.00</b>
<b>LESS PREVIOUS PAYMENTS:</b>			
<b>AMOUNT DUE THIS REQUEST FOR PAYMENT:</b>			<b>\$0.00</b>

I hereby certify that this submitted claim for payment is correct, true and just in all respects and that payment or credit has not previously been received. I further warrant and certify by submission of this claim that all previous work for which payment has been received is free and clear of all liens, claims, security interests or encumbrances in favor of the Architect/Engineer, subcontractors, consultants, employees, material suppliers or other persons or entities and do hereby release the Owner from such.

Submitted by: \_\_\_\_\_  
(Firm Name) (Architect/Engineer) (Date)

Approved by: **Design & Construction Bureau**  
(Owner)

\_\_\_\_\_  
(FWP Project Manager) (Date)

